

Project No: _____

APPLICATION FOR COMMERCIAL SPRINKLER PLAN REVIEW

The City of Grove City 4035 Broadway Grove City, Oh 43123
Phone (614) 277-3075 www.grovecityohio.gov Fax (614) 277- 3090

Property Information

Address _____ Parcel ID _____

City _____ State _____ Zip _____

Zoning _____ HPA ☐ Rental Property ☐

Subdivision _____ Lot Number _____ Building _____ Unit _____

Project Information

Project Name/Tenant: _____ **Description** _____

Number of Structures: _____ **No of Units:** _____ **Acreage:** _____ **Construction Type:** _____

Total Const. Square Feet: _____ **Ownership Type:** ☐ Private ☐ Public

Type of Improvement: ☐ Addition/Alteration ☐ New Building ☐ Other ☐ Repair/Replace

Sewage Disposal: ☐ Public ☐ Private **Water Supply:** ☐ Public ☐ Private **Heating Fuel:** ☐ Gas ☐ Electric

Principle Frame Type: ☐ Masonary/Wall Bearing ☐ Reinforced Concrete ☐ Structural Steel ☐ Wood Frame

****4 Sets of Plans Required at the Time of Application****

COST OF SPRINKLER SYSTEM: \$ _____ **SQ FT OF SPRINKLER AREA:** _____ X _____

DESIGN STANDARD:

- ☐ OBC Appendix D (Novemer 1, 2005), (Light Hazard Only)
- ☐ NFPA No. 13 (2002 Edition) Light ☐ Ordinary ☐ Extra Hazard
- ☐ Hydraulically Designed System
- ☐ Schedule System
- ☐ Supervised System (Remote station water flow alarm service or equivalent)
- ☐ Non-Supervised System

Nearest Fire Station _____ **Miles** _____ **Name of Station** _____

WATER SUPPLY:

- ☐ City water main (Flow test required)
Static Pressure _____ **Psi**
Residual Pressure _____ **psi a** _____ **gpm**
- ☐ Pressure tank (Per NFPA No. 22, 2002 Edition)
_____ **gallons water** _____ **gallons air** _____ **psi air pressure**
- ☐ Booster pump (Per NFPA No. 20, 2002 Edition)
Rated Capacity _____ **gpm**
Rated Pressure _____ **psi**
(Attach Specifications)
- ☐ Other (Describe on separate sheet)

Permit #

Receipt/Trans #

Check #

Date Entered:

Date Issued:

NOTE: ALL WORKING DRAWINGS MUST CONFORM TO SECTION 1-9 OF NFPA 13, 1990 EDITION.
UNDERGROUND PIPING MUST BE SHOWN AND INCLUDE A PLOT PLAN. WATER SUPPLY
CURVES AND SYSTEM REQUIREMENTS SHALL BE PLOTTED TO PRESENT A GRAPHIC
SUMMARY OF COMPLETE HYDRAULIC CALCULATIONS.

Include the following when applicable:

- (a) Area of water application _____ sq. ft.
- (b) Minimum rate of water application (density) _____ gpm/sq. ft.
- (c) Area for sprinkler _____ sq. ft.
- (d) Allowance for inside hose and outside hydrants _____ gpm.
- (e) Allowance for in-rack sprinklers _____ gpm.

Water Supply Information:

Is supply ☐ existing or ☐ proposed?

Is or will the underground supply (other than lead-in) be ☐ dead end or ☐ circulating?

Provide information on the following:

- (a) Location and elevation of static and residual test gage, (b) Flow location, (c) Static pressure psi.
- (d) Residual pressure psi. (e) Flow gpm. (f) Date (g) Time (h) Test conducted by or information supplied by

<p style="text-align: center;">Plan Review Fee \$100.00 Processing Fee, plus \$3.20 per each 1000 sq. ft. or fraction. This is computed on the Sprinkler area only.</p> <p>Processing Fee \$ _____</p> <p>Plan Review Fee \$ _____</p> <p>3% State Fee \$ _____</p> <p>Total Fee Due \$ _____</p>

<p style="text-align: center;">Permit Fee</p> <p style="text-align: right;">Base \$ <u>50.00</u></p> <p>(No of Heads) _____ x .70 Cents Per Head \$ _____</p> <p style="text-align: right;">Fee Due \$ _____</p> <p style="text-align: right;">3% State Fee \$ _____</p> <p style="text-align: right;">Total Fee Due \$ _____</p>
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Signature of Applicant: _____ Date: _____

Plan Examiners Signature: _____ Date: _____ Addendum Included ☐

Building Inspectors Signature: _____ Date: _____

Contractor Information

DBA _____ G.C. Registration # _____

E-Mail _____ Contact Number _____

Signature: _____

24 Hr. Inspection Line 614-277-1812 (Inspections must be called in before 12:00 NOON for next day service)

Expires 12/06

Revised 4/06